



Important information about this form:

- Fill out this form to setup, remove, or change recurring monthly contributions to your Alabama ABE account.
- You must have an open account to use this form. If you need to sign up, go online to AlabamaABLE.gov or use an **Enrollment Form** before completing this form.
- Make sure you use black ink. Type or print clearly in capital letters.

Need help?

Give us a call Monday – Friday
from 8am – 7pm CT at

1-833-711-2253

Individuals with speech or
hearing disabilities may dial **711**
to access Telecommunications
Relay Service (TRS) from a
telephone or TTY.

Mail the form to:

Alabama ABE
P.O. Box 9894
Providence, RI 02940-8094

Overnight Mail:

Alabama ABE
4400 Computer Drive
Westborough, MA 01581

1 Alabama ABE account information

Name of the Beneficiary on the ABE account (First and last)

____ _

Beneficiary's Social Security or Taxpayer Identification Number

____ _
Alabama ABE account number

2 Instructions

Which type of request are you making (Please select one)

- ☐ Stop all monthly contributions to this account (skip to **Step 5**)
- ☐ Change all monthly contributions to this account (complete **Steps 3, 4, and 5**)
- ☐ Create a new monthly contribution to this account (complete **Steps 3, 4, and 5**)

You can create, stop or change individual monthly contributions from your online account.



3 Monthly Contribution Setup

Tell us how much you want to contribute to your account each month. There is a \$5 minimum contribution to each portfolio you select.

Investment options

Conservative Portfolio

\$ ____ , ____ . ____
Amount

Moderate Portfolio

\$ ____ , ____ . ____
Amount

Aggressive Portfolio

\$ ____ , ____ . ____
Amount

FDIC Savings Fund

\$ ____ , ____ . ____
Amount

\$ ____ , ____ . ____
Total contribution amount

Contribution Day (1 – 28)*

If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month.

Which type of contribution are you making? (Please select one)

☐

Standard contribution

\$15,000 yearly standard contribution limit.

☐

ABLE to Work contribution

If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit.**

* A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.



4 Bank account information

Attach a voided check or copy of your bank statement showing the name, address, the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

Which type of document are you including to verify this bank account? ☐ Voided check ☐ Bank account

Bank account type ☐ Checking ☐ Savings

Name on bank account

The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.

Bank name

Bank routing number

Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

⑆000000000	⑆000000000000	⑆1000
Routing Number	Account Number	

****** If the Beneficiary or their employer is contributing to a defined contribution plan (401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year, the Beneficiary is not eligible to make ALE to Work contributions.

5 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly contributions to this account, or Replace all monthly contributions to this account:
 - I understand that all currently active monthly contributions to this account will be cancelled.
 - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least 3 business days before I want it to become effective.
- If I selected Create a new monthly contribution to this account, or Replace all monthly contributions to this account:
 - I understand this authorizes the Plan to initiate recurring ACH debits (direct withdrawals) from my bank account up to two business days prior to the Contribution Day each month for the total contribution amount.*
 - If I've indicated that these monthly contributions are ALE to Work contributions, I certify that the Beneficiary is earning wages and the total ALE to Work contributions for this year are less than or equal to the Beneficiary's gross income this calendar year (see Program Disclosure Booklet for current limits). I also certify that the Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan (e.g., 401K), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.
 - I may cancel these recurring ACH debits (direct withdrawals) by using this form or by cancelling them through my online account.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

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